



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

PUBLIC HOUSING APPLICATION PROCEDURES

1. Complete the attached application.
2. Bring completed application along with the required documents listed below to the Topeka Housing Authority any Monday between 8:00 and 4:30 for an interview.
3. Pursuant to Section 504 [24 CFR 8.4(b)(i), 8.24 and 8.33] and Fair Housing Act [24 CFR 100.204] Qualified individuals/families with disabilities may request Reasonable Accommodations to any rules, policies, practices or services when such accommodation is necessary to assure equal opportunity to the housing program(s) or dwellings.
4. THA has adopted pursuant to 24 CFR 960.206 a preference for working families. However, an applicant will be given the benefit of the working family preference if the head or spouse, or sole member is age 62 or older, or is a person with disabilities.

Required Documents

MUST BRING ORIGINAL DOCUMENTS. NO COPIES WILL BE ACCEPTED!

- **Picture ID** for all adults
- **Social Security cards** for all members of the family
- **Birth Certificates** for all children
- **Proof of custody** of children if applicant is not parent or custody is shared
- **Income Verification** from **all** sources of income (**If income is from Social Security, you will not be seen unless you bring a current printout showing benefits received!**)

ALSO, ALL ADULTS WHO WILL BE LIVING WITH YOU MUST ATTEND THE INTERVIEW AND BRING REQUIRED DOCUMENTS.

You will need five (5) years of residential history for the application. Please make sure you know the addresses where you have lived, along with the names and phone numbers of your landlords for the last 5 years.

Interviews are conducted on Mondays only from 8:00 to 4:30.
If this is not convenient for you, please call and schedule an appointment.

If the office is closed on Monday for a holiday, interviews will be held on Tuesday for that week.



TOPEKA HOUSING AUTHORITY
APPLICATION FOR PARTICIPATION IN THE PUBLIC HOUSING PROGRAM

HEAD OF HOUSEHOLD NAME _____

Date of
Application _____

TIME _____

OTHER NAMES USED: _____

CURRENT ADDRESS _____

PHONE _____
Home _____

Work _____

City _____ State _____ Zip _____

Message: _____

Race: _____

MAILING ADDRESS IF DIFFERENT THAN CURRENT ADDRESS: _____
Address _____ City _____ State _____ Zip _____

I. FAMILY COMPOSITION

<i>Mbr. No.</i>	<i>Name(s)</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>City and State Of Birth</i>	<i>Sex</i>	<i>Age</i>	<i>Social Security Number</i>
1.		HEAD					
2							
3.							
4.							
5.							
6.							

Anticipated changes in family composition _____

Please mark all of the following that apply for the head of household and/or the spouse:

_____ Working

_____ Elderly or Disabled

_____ Not Claiming a preference

II. RESIDENTIAL HISTORY (where you have lived the last **five** years). THIS INFORMATION IS REQUIRED. A CONTACT NUMBER FOR LANDLORDS IS NEEDED.

List Current Address	From	To	Rent	Utilities	Name, Address, and Phone Number of Landlord
			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	

III. INCOME AND ASSET INFORMATION:

A. Income:

Please answer each of the following questions. For each "yes" answer, provide details below.

YES	NO	Do you (head of household):
_____	_____	1. Work full-time, part-time, or seasonally?
_____	_____	2. Expect to work for any period during the next year?
_____	_____	3. Work for someone who pays you cash?
_____	_____	4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
_____	_____	5. Now receive or expect to receive unemployment benefits?
_____	_____	6. Now receive or expect to receive child support?
_____	_____	7. Have an entitlement to receive child support that you are not now receiving?
_____	_____	8. Now receive or expect to receive alimony?
_____	_____	9. Have an entitlement to receive alimony that is not currently being received?
_____	_____	10. Now receive or expect to receive public assistance (welfare)?
_____	_____	11. Now receive or expect to receive Social Security benefits?
_____	_____	12. Now receive or expect to receive income from pension or annuity?
_____	_____	13. Now receive or expect to receive regular contributions from organizations or individuals not living in the unit?
_____	_____	14. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit stocks or bonds, or income from rental property?
_____	_____	15. Own real estate or any assets for which you receive no income (checking account, cash)?
_____	_____	16. Have you sold or given away real property or other assets (including cash) in the past two years?

Check **all** incomes you anticipate receiving and supply details as needed:

_____ **Social Security:**
SSI/SSDI \$ _____ Name of recipient: _____
SS \$ _____ Name of recipient: _____

_____ **SRS:**
Cash \$ _____ Food Stamps: \$ _____

_____ **Employed:**
Name of person working: _____
Name of employer: _____
Address of employer: _____
Hours worked per week: _____ Hourly Wage: \$ _____ Date Started: _____

_____ **Child Support:**
Court Order #: _____
Amount: \$ _____ weekly/biweekly/monthly (circle one)

_____ **Pension/Retirement Benefits:**
Amount: \$ _____ Received from: Name _____
Address _____
City, State, Zip _____

_____ **School Loans or Grants:**

Amount: \$ _____ Received from: Name _____
Address _____
City, State, Zip _____

_____ **Unemployment:**

Amount: \$ _____ per week

_____ **Other:**

Include here all monies obtained by any member of the family from any source not listed above.

Amount: \$ _____ weekly/monthly (circle one)
Received from: Name _____
Address _____
City, State, Zip _____

Explanations for any of the above if needed:

B. Assets:

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of you or any minors in the home.

Member	Bank Name and address	Value	Type of Account	Earnings/Interest
		\$		
		\$		

2. List the value of all stocks, bonds, trust, pensions, or other assets owned by you or any minors in the home.

3. List the value of any assets disposed of or less than fair market value during the past two years.

Assets Disposed of in the last two [2] years:

Member	Type & Date Disposed of:	Value	Net Amount Realized

IV. ALLOWABLE EXPENSES:

Do you have expenses for child care of a child aged 12 or younger? _____ If yes provide details below.

Child Care:

Child's name	Total amount	Provider's Name and Address	You Pay	SRS Pays	
	\$		\$	\$	

V. ELDERLY FAMILY ONLY:

1. Do you have Medicare? _____ If yes, what is your monthly premium? _____
2. Do you have any other kind of medical insurance? _____ If yes provide name of carrier, premium amount, and agent's name below:

Other Insurance:

Member	Amount Paid	Carrier's Name and Address	Agent's Name and Address
	\$		

3. Do you have outstanding medical bills which you are paying? If yes list them below:

Outstanding medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	

	\$	

4. What medical expenses do you expect to incur in the next twelve months?

Anticipated medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	
	\$	

VI. DISABILITY/MEDICAL EXPENSE:

Please list any/all disability/medical expenses related to your disability that you pay, which you would like to be considered "qualified disability related expenses" when figuring your annual income. Part or all of these expenses could reduce your annual income and affect how much rent you pay.

Anticipated disability/medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	

VII. OTHER REQUIRED INFORMATION:

- A. 1. Have you ever been a resident of any Housing Authority or received Section 8 or Shelter Plus care assistance?
YES _____ NO _____
- If YES, list name used, where, and when: _____
2. Have you applied for housing at the Topeka Housing Authority before? YES _____ NO _____
- If YES, List name used and when: _____
3. Have you **ever** been evicted from **any** Public Housing Program or Section 8 Program? YES _____ NO _____
- If YES, list name used, where, and when: _____
- B. 1. Do you have a pet? YES _____ NO _____ What Kind? _____
- C. Are you or a member of your family on the Bar and Ban List? YES _____ NO _____
- D. 1. Do you or any member of your household require reasonable accommodations or modifications to equally enjoy or access a housing unit, any other dwelling, program(s) or services? If so, please list necessary features or accommodations.
- _____

I qualify as an individual with a disability as defined by federal fair housing laws. I am requesting the accommodations/modifications listed above.

VIII. CRIMINAL HISTORY:

1. Have you (Head of Household) **ever** been arrested for or received a citation for FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS or for DRUG RELATED CRIMES?
YES _____ NO _____
- Year of Arrest: _____ Arrested for or received citation for: _____
City, State, and County where arrested or received citation: _____
2. Have you (Head of Household) **ever** been convicted of a FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS or for DRUG RELATED CRIMES?
YES _____ NO _____
- Year of Conviction: _____ Convicted of: _____
City, State, and County where convicted: _____

IX. GUARDIAN INFORMATION:

Name: _____ Phone: _____
Address: _____
Street, City, State, Zip

PAYEE INFORMATION:

Name: _____ Phone: _____
Address: _____
Street, City, State, Zip

Should paperwork be sent to you or your guardian or payee? _____ Send paperwork to me
_____ Send paperwork to guardian
_____ Send paperwork to payee

X. IN CASE OF EMERGENCY, PLEASE NOTIFY (Required):

Name _____ Relationship _____ Phone Number: _____
Address _____
Street City State Zip

NOTE: I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I HAVE NO OBJECTIONS TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED.

APPLICANT CERTIFICATION

I/We certify that the information given to the Topeka Housing Authority on income, household composition, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household Date

Signature of Other Adult in Household Date

.....
Interview Completed by: _____
.....

OFFICIAL USE ONLY

CERTIFICATION: On the basis of the information contained and verified herein, the above named applicant has been found to be:

_____ Eligible for Admission _____ Ineligible for Admission

_____ Title _____ Date _____

Remarks: _____

Number of Bedrooms Needed: ☐ **Type of Housing Needed:** Elderly/Disabled Over 62 ☐ Family (1 or more persons, Elderly or Disabled) ☐